APPLICATION FOR REINSTATEMENT 1996-

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 1996

FILED
96 DEC 16 AM 10:45
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000060901

CORE DECISION SYSTEMS INC.
1250 Medina Avenue
Coral Gables, FL 33134

2. If Address in Block 1 is incorrect in any way, enter the correct address below. (The name of a corporation can be changed only by filing an amendment.)

Address
Address
City and State
Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5. $8.75 Additional Fee required for a Certificate of Status
8/8/95	65-0606834	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
D/P	Ruiz, Ramon, J.	1250 Medina Avenue	Coral Gables, FL 33134
D/S/VP	Salman, Javier F.	5905 SW 28th Street	Miami, FL 33155

800002033288--0
-12/13/96--01014--023
****375.00 ****375.00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

RAMON J. RUIZ
1250 MEDINA AVE
CORAL GABLES, FL 33134

8. Name and Address of New Registered Agent and/or Office

Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City and State FL. Zip

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [signature] Date 12/10/96
REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

Signature of Officer or Director [signature] Date 12/10/96 Daytime Phone # 305-446-1244

Typed or printed name of signing officer or director Ramon J. Ruiz

TOTAL P.01